# Case: 1:16-cv-04825 Document #: 168-2 Filed: 02/27/20 Page 1 of 10 PageID #:1186

Short orm Annual Return/Report of Small Employee

#### Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

**Benefit Plan** 

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public

Р		dance witi	h the instructions to the Form 550	0-SF.						
	art I Annual Report Identification Information									
For	calendar plan year 2011 or fiscal plan year beginning 01/01/20	<u>11                                   </u>	and ending	12/31/	<u>/2011</u>					
A	This return/report is for: 🛛 a single-employer plan	a multiple	-employer plan (not multiemployer)		a one-partici	pant plan				
<b>B</b> '	This return/report is:	the final r	eturn/report							
	an amended return/report	a short pla	in year return/report (less than 12 m	onths)	_					
C	Check box if filing under: 😡 Form 5558	automatic	extension		DFVC progra	am				
	special extension (enter description	on)								
Pa	Irt II Basic Plan Information—enter all requested inform	nation								
	Name of plan			1b	Three-digit					
SHIF	RLEY T SHERROD MD PC TARGET BENEFIT PENSION PLAN				plan number (PN)	002				
				10	Effective date o	L				
				.		1/1987				
2a SHIF	Plan sponsor's name and address; include room or suite number (eRLEY T SHERROD MD PC	employer, if	for a single-employer plan)	2b	Employer Identi (EIN) 38-2	fication Number				
·				20	Sponsor's telep					
	3OX 515			20	(248)34					
	THFIELD, MI 480370515		*	2d	Business code (	(see instructions)				
3a	Plan administrator's name and address (if same as plan sponsor, e LEY T SHERROD MD PC PO BOX 515	nter "Same	<sup>11</sup> )	3b	Administrator's					
SHIR	LEY T SHERROD MD PC PO BOX 513 SOUTHFIEL			20		174656 telephone number				
				-3C	(248)34					
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the					4b EIN					
2	name, EIN, and the plan number from the last return/report.		4c PN							
	Sponsor's name  Total number of participants at the beginning of the plan year			5a	FIN	18				
_										
	Number of participants with account balances as of the end of the			5b						
	complete this item)			5c		18				
6a	Were all of the plan's assets during the plan year invested in eligit	ole assets?	(See instructions.)		•••••	Yes No				
b	Are you claiming a waiver of the annual examination and report of					X Yes ☐ No				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F				•••••	M 1es □ 140				
Pa	rt III Financial Information	01111 0000-	or and must materia use i omi oo							
7	Plan Assets and Liabilities	1	(a) Beginning of Year		(b) End	of Year				
а	Total plan assets	. 7a	1,730,000			1,483,709				
b	Total plan liabilities	. 7b	0			0				
С	Net plan assets (subtract line 7b from line 7a)	. 7c	1,483,709			1,483,709				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b)	Total				
а	Contributions received or receivable from:		0			1.5				
	(1) Employers			$\dashv$						
	(2) Participants		0	-						
L	(3) Others (including rollovers)		-246,291	-		120				
a	Other income (loss)		-240,231	+		-246,291				
d	Benefits paid (including direct rollovers and insurance premiums	. 8c	· · · · · · · · · · · · · · · · · · ·	+-						
J	to provide benefits)	. 8d	0	_		(i)				
е	Certain deemed and/or corrective distributions (see instructions)	. 8e	0	_						
f	Administrative service providers (salaries, fees, commissions)	. 8f	0	_						
g	Other expenses	. 8g	0	_						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h				00				
i	Net income (loss) (subtract line 8h from line 8c)	. 8i				-246,291				
j	Transfers to (from) the plan (see instructions)	, o	0							
For P	aperwork Reduction Act Notice and OMB Control Numbers, see the instructions for	Form 5500-SI	F.			Form 5500-SF (2011)				

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		Form 5500-SF 2011	Page <b>2</b> -							
Part	IV	Plan Characteristics								
9a	If th	e plan provides pension benefits, enter the applicable pension fea	ature codes from the	List of Plan Chara	acteris	stic Co	odes in	n the instructi	ons:	
		2B								
b	If th	e plan provides welfare benefits, enter the applicable welfare feat	ure codes from the	List of Plan Charad	cterist	ic Coc	les in	the instructio	ns:	
Part '	V	Compliance Questions								
		ing the plan year:		,		Yes	No	A	Amount	_
	29	s there a failure to transmit to the plan any participant contr butior CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia	ary Correction Progr	am)	10a		х			. —
		re there any nonexempt transactions with any party-in-interest? (I ine 10a.)			10b		х			
С	W	s the plan covered by a fidelity bond?			10c		х			
		the plan have a loss, whether or not reimbursed by the plan's fide ishonesty?		10d		×				
е	We	re any fees or commissions paid to any brokers, agents, or other urance service or other organization that provides some or all of the ructions.)	persons by an insur he benefits under th	ance carrier, e plan? (See	10e		х			
f	f Has the plan failed to provide any benefit when due under the plan?						Х			
g	Did	the plan have any participant loans? (If "Yes," enter amount as o	f year end.)		10g		Х			
h	lf th	is is an individual account plan, was there a blackout period? (Se 0.101-3.)	e instructions and 2	9 CFR	10h		х			
i	lf 1	Th was answered "Yes," check the box if you either provided the reptions to providing the notice applied under 29 CFR 2520.101-3	required notice or or	ne of the	10i				2	
Part \		Pension Funding Compliance					0			
11										
		nis a defined contribution plan subject to the minimum funding rec							X Yes	□ No
а	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver.  Month Day Year									
lf y	ou (	completed line 12a, complete lines 3, 9, and 10 of Schedule M	IB (Form 5500), and	d skip to line 13.		_		T		
b I	Ente	er the minimum required contr bution for this plan year			•••••		12b			0
		er the amount contributed by the employer to the plan for this plan					12c			0
		tract the amount in line 12c from the amount in line 12b. Enter the ative amount)				L	12d			0
e '	Will	the minimum funding amount reported on line 12d be met by the	funding deadline?					X Yes	No	N/A
Part \	/11	Plan Terminations and Transfers of Assets								
13a	Has	a resolution to terminate the plan been adopted in any plan year? $\dots$						Yes X No		10
	lf "Y	es," enter the amount of any plan assets that reverted to the emp	loyer this year		1	3a				
	of ti	e all the plan assets distr buted to participants or beneficiaries, tra le PBGC?			• • • • • • • • • • • • • • • • • • • •				Yes	No No
	whi	rring this plan year, any assets or liabilities were transferred from the assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify th	e plar					
13	lc(1	Name of plan(s):				13	c(2) E	IN(s)	13c(3)	PN(s)
								7		
Cautio	n:	A penalty for the late or incomplete filing of this return/report	will be assessed	unless reasonabl	e cau	se is	estab	lished.		
SB or	Sch	alties of perjury and other penalties set forth in the instructions, I edule MB completed and signed by an enrolled actuary, as well a true, correct, and complete.								
SIGN	F	iled with authorized/valid electronic signature	10/12/2012	SHIRLEY T SHE	RROE	) MD				
HERE		Signature of plan administrator	Date	Enter name of in	dividu	ıal sigi	ning a	s plan admin	istrator	
SIGN	L			No.						
HERE		Signature of employer/plan sponsor	Date	Enter name of in	dividu	ıal siqı	nina a	s emplover o	r plan soc	onsor

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### Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor

## Short . o...ı Annual Return/Report of Smai. ح...ployee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of

OMB Nos. 1210-0110 1210-0089

2012

	Benefits Security Administration	the Internal	Revenue Code (the (	Code).	• •		s Open to Pu	ıblic
Pension B	Benefit Guaranty Corporation	▶ Complete all entries in accorda	ance with the instru	ctions to the Form 550	00-SF.	III S	pection	
Part I		lentification Information						
For calend	lar plan year 2012 or fisca	al plan year beginning 01/01/2012		and ending	12/31/2	012		
	turn/report is for:	, H	a multiple-employer p he final return/report	lan (not multiemployer)		a one-particip	oant plan	
D IIIIs le	turrir eport is.	- ' 片	•	n/conort /loan than 12 m	ontha\			
<b>0</b>	L	· H		n/report (less than 12 m	ionins) F	7		
C Check	box if filing under:	⟨ Form 5558 ∐ a    special extension (enter description	automatic extension		L	DFVC progra	ım	
Part II	Rasic Plan Inform	nation—enter all requested informat	<u> </u>					
1a Name		nation—enter all requested informat	ion		1h -	Three-digit		
	SHERROD MD PC TAR	GET PENSION PLAN			1	olan number (PN)	002	
	197					Effective date of 01/01	fplan	
SHIRLEY T	ponsor's name and addre	employer plan)		Employer Identif		er		
SAME PO BOX 51	15		<del></del>	Sponsor's telepi (248)34	hone number			
	LD, MI 48037				2d E	Business code (	see instructio	ns)
3a Plan a		address Same as Plan Sponsor Na	me XSame as Plar	n Sponsor Address	3b A	Administrator's E		
LIKOT JOH	NOON				3c A	Administrator's t		nber
		lan sponsor has changed since the las	st return/report filed fo	or this plan, enter the	4b E	EIN		
	or's name				4c F	PN		
5a Total	number of participants at	the beginning of the plan year	***************************************		5a			17
<b>b</b> Total i	number of participants at	the end of the plan year	***************************************	•••••	5b			17
C Numb	er of participants with acc	count balances as of the end of the pla	ın year (defined bene	fit plans do not	5c	<b>4</b>		17
		uring the plan year invested in eligible					X Yes	No
<b>b</b> Are yo	ou claiming a waiver of the	e annual examination and report of an See instructions on waiver eligibility an	independent qualifie	d public accountant (IQ	PA)		✓ Yes	] No
If you	answered "No" to eithe	er line 6a or line 6b, the plan cannot	use Form 5500-SF	and must instead use	Form 5	500	[X] 100 L	]
		ncomplete filing of this return/repo						
Under pena SB or Sche	alties of perjury and other	penalties set forth in the instructions, signed by an enrolled actuary, as well	I declare that I have	examined this return/rep	oort, incl	luding, if applica		
SIGN	Filed with authorized/val	lid electronic signature	10/14/2013	LEROY JOHNSON			<u> </u>	
HERE	Signature of plan adm	inistrator	Date	Enter name of individu	ual signi	ing as plan adm	inistrator	
SIGN								
HERE	Signature of employer		Date	Enter name of individu				
Preparer's	name (including firm nam	e, if applicable) and address; include	room or suite numbe	r (optional)	Prepar	er's telephone i	number (optio	onal)
				鬱				
	-		*	ŀ				

For Paperwork Reduction Act Notice and OMB Control Numbers, see the Instructions for Form 5500-SF.

Form 5500-SF (2012) v. 120126

DOL00206

Form 5500-SF 2012

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Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Ye	ar	Т		(b) End	l of Y	ear		
а	Total plan assets	7a	1,483,70					1,5	52,867	7	
b	Total plan liabilities	7b									
С	Net plan assets (subtract line 7b from line 7a)	7c	1,552,86	67				1,5	52,867	7	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total			
а	Contributions received or receivable from: (1) Employers	8a(1)	¥3		7						4
	(2) Participants	8a(2)									
-	(3) Others (including rollovers)	8a(3)			$\top$					Œ	
b	Other income (loss)	8b	69,15	8							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							39,158		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			127						
е	Certain deemed and/or corrective distr butions (see instructions)	8e			$\top$		*				
f	Administrative service providers (salaries, fees, commissions)	8f -			$\top$						
g	Other expenses	8g			20.50						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h									_
ī	Net income (loss) (subtract line 8h from line 8c)	81							69,158	}	
<b>®</b> j	Transfers to (from) the plan (see instructions)	8j			$\top$		N.				
Pai		0 1									
	Part IV Plan Characteristics  9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  2B										
b											
			4								
Par	V Compliance Questions										
10	During the plan year:				Yes	No		Am	ount		
а	Was there a failure to transmit to the plan any participant contr but 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		Х	(7)				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х				Ni.	
C	Was the plan covered by a fidelity bond?		•••••	10c		Х					
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bon	d, that was caused by fraud	10d		Х					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o	er persons of the benef	by an insurance carrier, fits under the plan? (See			×		9			
f	instructions.)  Has the plan failed to provide any benefit when due under the plan			10e							—
				10f		Х				_	
<u>g</u>				10g		Х					
h	If this is an individual account plan, was there a blackout period? ( 2520.101-3.)			10h		Х					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101			10i			8				
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)								Yes	×	No
11a	Enter the amount from Schedule SB line 39					11a					
12	Is this a defined contribution plan subject to the minimum funding					02 of	ERISA?	Γ	Yes	x	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,								34		
а	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver										
					and e		ne date of			5	
lf			Mon	th (	and e		ne date of				_

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		Form 5500-SF 2012	Page <b>3</b> -				
			<u> </u>			***	
<u>c</u>	Ente	er the amount contributed by the employer to the plan for this plan year		12c	<b>1</b>		
d		tract the amount in line 12c from the amount in line 12b. Enter the result ( ative amount)		12d			
е	Will	the minimum funding amount reported on line 12d be met by the funding	deadline?		Yes	No N	/A
Part	VII	Plan Terminations and Transfers of Assets					
13a	Has	a resolution to terminate the plan been adopted in any plan year?		$  \Box \rangle$	Yes X No		
	If "Y	es," enter the amount of any plan assets that reverted to the employer thi	s year	13a		38	
b		e all the plan assets distr buted to participants or beneficiaries, transferred to PBGC?				Yes X	No
С	If du	ring this plan year, any assets or liabilities were transferred from this plar th assets or liabilities were transferred. (See instructions.)					
1	13c(1)	Name of plan(s):	9 1	3c(2) El	IN(s)	13c(3) PN(	s)
		8				¥	
Part	VIII	Trust Information (optional)					
14a	Name	of trust		14b Ti	rust's EIN		
		*					

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### Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Shor orm Annual Return/Report of Smar zinployee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Pension E	Benefit Guaranty Corporation	▶ Complete all entries in accorda	ance with the instru	ctions to the Form 55	00-SF.	Ins	spection		
Part I	Annual Report	Identification Information					-		
For calend	dar plan year 2013 or fis	scal plan year beginning 01/01/2013		and ending	12/31	/2013			
A This re	eturn/report is for:	a single-employer plan	a multiple-employer p	lan (not multiemployer)		a one-partici	pant plan		
<b>B</b> This re	eturn/report is:	the first return/report	he final return/report				3		
		an amended return/report	short plan year retur	n/report (less than 12 m	nonths)	)	Ø. 19		
C Check	box if filing under:	▼ Form 5558	automatic extension			☐ DFVC progra	ım		
		special extension (enter description	)						
Part II	Basic Plan Info	rmation—enter all requested informat	ion				<del></del>		
1a Name					1b	Three-digit			
SHIRLEY T	SHERROD MD PC TA	ARGET PENSION PLAN				plan number	000		
					10	(PN) ▶ Effective date o	002		
					'		/1987		
2a Plan s	ponsor's name and add	dress; include room or suite number (em	ployer, if for a single-	employer plan)	2b	Employer Identi			
	SHERROD MD PC	•					74656		
				7.	2c	Sponsor's telep	hone number		
PO BOX 51	15 LD, MI 48037		9	1.20					
30011111	LD, WII 40037				2d	•	see instructions)		
3a Dlan a	dministrator's name an	d address DC-ma as Dlan Co-mass No.	Do Di	. O A dd	2 h	6211			
Ja Piana L JOHNSON		d address Same as Plan Sponsor Na 146 WAUKEGA		Sponsor Address	30	Administrator's i 38-21	=IN 171344		
2 301 1140014		WAUKEGAN, IL			3c Administrator's telephone numb				
							721		
4 If the	name and/or FIN of the	plan sponsor has changed since the las	t return/report filed fo	or this plan, enter the	4h	EIN			
		nber from the last return/report.	k returnireport med re	or this plan, enter the	40	EIN			
	or's name				4c	PN			
		at the beginning of the plan year			5a		17		
		at the end of the plan year			5b		17		
C Numb	er of participants with a	account balances as of the end of the pla	n year (defined bene	fit plans do not	5c		17		
		during the plan year invested in eligible					Ves □ No		
<b>b</b> Are yo	ou claiming a waiver of	the annual examination and report of an	independent qualifie	d public accountant (IQ	PA)				
		(See instructions on waiver eligibility an					X Yes ∐ No		
		ther line 6a or line 6b, the plan cannot							
C If the p	pian is a defined benefit	t plan, is it covered under the PBGC insu	ırance program (see	ERISA section 4021)?	····· <u> </u>	Yes   No	Not determined		
Caution: A	penalty for the late o	r incomplete filing of this return/repo	rt will be assessed	unless reasonable cau	ıse is	established.			
Under pena	alties of perjury and oth	er penalties set forth in the instructions,	I declare that I have	examined this return/rep	oort, in	cluding, if applica	able, a Schedule		
belief, it is	equie MB completed an true, correct, and comp	d signed by an enrolled actuary, as well lete.	as the electronic vers	sion of this return/report	, and t	to the best of my	knowledge and		
DHAMALI NO	· · · · · · · · · · · · · · · · · · ·			1 T					
SIGN HERE	Filed with authorized/	valid electronic signature	10/13/2014	LEROY JOHNSON			9		
HEKE	Signature of plan ac	Iministrator	Date	Enter name of individ	ual sig	ning as plan adm	inistrator		
SIGN				1					
HERE	Signature of employ	/er/plan sponsor	Date	Enter name of individ	ual sig	ning as employe	or plan sponsor		
Preparer's		ame, jf applicable) and address; include i	room or suite number	r (optional)			number (optional)		
		2			:				
,									
ii							•		

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Form 5500-SF (2013)

Form 5500-SF 2013

Page 2

Pa	rt III   Financial Information									
7	Plan Assets and Liabilities	-8.8	(a) Beginning of Ye	ar	2	1	(b) End	of Ye	ar	_
а	Total plan assets	7a	1,552,86						5,236	_
b		7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	1,795,23	6	$\top$			1,795	5,236	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) 7	otal	9 .	
а	Contributions received or receivable from:			-		7000.	00			9
	(1) Employers	8a(1)								-6
	(2) Participants	8a(2)	#		-		X 00 00 00			-
	(3) Others (including rollovers)	8a(3)							<u> </u>	8,
	Other income (loss)	8b	242,38	9	8				201	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	-2:x		+			242	,389	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	!			1129	1 4			
	Certain deemed and/or corrective distributions (see instructions)	8e				3.0	-			
	Administrative service providers (salaries, fees, commissions)	8f			+					
<u>g</u>	Other expenses	8g			- 3	ē .	1		- V	
`	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								
	Net income (loss) (subtract line 8h from line 8c)	81		7	+			242	2,389	
	Transfers to (from) the plan (see instructions)	8j		39.7						ij.
	t IV Plan Characteristics			9						
9a	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:									
b	b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:									
Part	V Compliance Questions									
10	During the plan year:				Yes	No		Amou	ınt	
а	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		x				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	nclude transactions reported	10b		х	=			
C	Was the plan covered by a fidelity bond?			10c		Х				_
d		fidelity bor	nd, that was caused by fraud	10d		х				
e	Were any fees or commissions paid to any brokers, agents, or other			.00						_
	insurance service, or other organization that provides some or all of	of the bene	efits under the plan? (See		[					
-	instructions.)			10e		Х				
f	Has the plan failed to provide any benefit when due under the plan	1?		10f		Х				
g				10g		Х				
h	If this is an individual account plan, was there a blackout period? (92520.101-3.)			10h		х			20 00	50
i 	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101			10i		х		3	\$ 15 -EVE	
Part	VI Pension Funding Compliance		10.00							
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)	ents? (If "Y	es," see instructions and com	plete \$	Sched	ule SB	(Form		Yes X N	10_
11a	Enter the unpaid minimum required contr bution for current year fro				_	11a				
12	Is this a defined contribution plan subject to the minimum funding					302 of E	ERISA?	П	Yes X N	10
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,									
a	If a waiver of the minimum funding standard for a prior year is being granting the waiver.	g amortize	ed in this plan year, see instruc	ctions, th	and e	nter th Day	e date of th	ne lette Year	er ruling	
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule									_
L	Enter the minimum required contribution for this plan year				5395	12h				_

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					H
С	Enter the amount contributed by the employer to the plan for this plan year	Γ	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the resunegative amount)		12d		
е	Will the minimum funding amount reported on line 12d be met by the fundi	ng deadline?		Yes [	No N/A
Part	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?			Yes X No	0.5
	If "Yes," enter the amount of any plan assets that reverted to the employer	this year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transfer of the PBGC?				Yes No
С	If during this plan year, any assets or liabilities were transferred from this p which assets or liabilities were transferred. (See instructions.)				-
1	3c(1) Name of plan(s):		13c(2) E	IN(s)	13c(3) PN(s)
					8
					8
Part	VIII Trust Information (optional)				!·
	Name of trust	ur.	14b T	rust's EIN	

### Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor

Short Form Annual Return/Report of Small Employee **Benefit Plan** 

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110

1210-0089

2014

This Form is Open to

Employee Belletits Security Administration		Revenue Code (the Code)	).		Publi	ic Inspection	
Pension Benefit Guaranty Corporation	▶ Complete all entries in a	ccordance with the instr	uctions to the Form 55	00-SF.			
Part I Annual Report Id	lentification Information						
For calendar plan year 2014 or fisca	al plan year beginning 01/01/20	014	and ending 12	/31/2014			
A This return/report is for:	a single-employer plan  a one-participant plan  the first return/report  an amended return/report	of participating employ a foreign plan the final return/report	an (not multiemployer) ( ver information in accord n/report (less than 12 mo	lance with t	_		
C Check box if filing under:	X Form 5558 special extension (enter descri	automatic extension ption)		∐ DI	FVC progra	m	
Part II Basic Plan Inform	nation—enter all requested info	ormation		<del></del>			
1a Name of plan SHIRLEY T SHERROD, M.D., P.C.	2	armatori		(PN)	number	002	
						/1987	
2a Plan sponsor's name and addre SHIRLEY T SHERROD MD PC SAME	ess; include room or suite numbe	er (employer, if for a single-	employer plan)	(EIN	38-21	ication Number 174656	
PO BOX 2423	PO BOX	2423 O, IL 60690		2c Sponsor's telephone number (248)341-5100			
CHICAGO, IL 60690				2d Business code (see instructions) 621111			
3a Plan administrator's name and address						EIN 171344 elephone number	
name, EIN, and the plan numb	plan sponsor has changed since t ber from the last return/report.	the last return/report filed fo	or this plan, enter the	4b EIN			
<ul><li>a Sponsor's name</li><li>5a Total number of participants at</li></ul>	t the heginning of the plan year			4c PN		17	
	t the end of the plan year			5b		17	
C Number of participants with ac	count balances as of the end of t	the plan year (defined bene	fit plans do not	5c		17	
d(1) Total number of active partic	cipants at the beginning of the pla			5d(1)		17	
d(2) Total number of active parti	cipants at the end of the plan yea	аг		5d(2)		17	
Number of participants that terr less than 100% vested	minated employment during the p			5e		0	
Caution: A penalty for the late or				se is estal	blished.		
Under penalties of perjury and othe SB or Schedule MB completed and belief, it is true, correct, and complete	er penalties set forth in the instruct is signed by an enrolled actuary, a	tions, I declare that I have	examined this return/rep	ort, includi	ng, if applic	able, a Schedule knowledge and	
Name and Additional	alid electronic signature	10/12/2015	LEROY JOHNSON			-	
HERE Signature of plan add	ministrator	Date	Enter name of individ	ual signing	as plan adn	ninistrator	
SIGN HERE		Date	Enter name of individ	ual signing	as amplaya	r or plan sponsor	
Preparer's name (including firm name)			Enter name of individer ) (optional)			number (optional)	
		6					

	Form 5500-SF 2014		Page 2		_		
b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility at the your answered "No" to either line 6a or line 6b, the plan cannot be plan in a defined benefit plan, is it covered under the PBGC in	an independ and condition ot use For	dent qualified public accounta ons.) m 5500-SF and must instead	int (IC d use	PA) Form	5500.	X Yes No
Par		р.	1				
	Plan Assets and Liabilities		(a) Beginning of Yea				(h) End of Von
	Total plan assets	7a	(a) Beginning of Yea 1,795,2		$\dashv$		(b) End of Year 1,762,150
	Total plan liabilities	7a 7b	1,100,2				1,702,100
	Net plan assets (subtract line 7b from line 7a)	7c	1,795,2	36	$\dashv$		1,762,150
	Income, Expenses, and Transfers for this Plan Year		(a) Amount		+		(b) Total
	Contributions received or receivable from:		(u) Amount		20		(b) Total
	(1) Employers	8a(1)			嬔	1.0	
	(2) Participants	8a(2)			368		
	(3) Others (including rollovers)	8a(3)			2009		
	Other income (loss)	8b	165,9	14	58		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			23	V 1877	165,914
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	57,0	00			
	Certain deemed and/or corrective distr butions (see instructions)	8e			2	Sales	
f	Administrative service providers (salaries, fees, commissions)	8f	129,4	38		H. C	
g	Other expenses	8g	12,5	62	3	1211	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			35		199,000
ī	Net income (loss) (subtract line 8h from line 8c)	8i			15		-33,086
j	Transfers to (from) the plan (see instructions)	8i					
Par	t IV Plan Characteristics						
b	If the plan provides pension benefits, enter the applicable pension 2B  If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable pension.				0.		
10	During the plan year:				Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fidure)			10a		Х	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X	
c	Was the plan covered by a fidelity bond?			10c		X	
d 	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х	
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the bene	fits under the plan? (See	10e		х	
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year er	nd.)	10g		Х	
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		×	
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i			
Part	VI Pension Funding Compliance			-			
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
_11a	Enter the unpaid minimum required contribution for current year from	om Schedu	le SB (Form 5500) line 39			11a	
12	Is this a defined contribution plan subject to the minimum funding	requiremer	nts of section 412 of the Code	or se	ction 3	302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						
а	If a waiver of the minimum funding standard for a prior year is being	ig amortize	d in this plan year, see instruc		, and e	nter th	